

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Patient Protection and Affordable Care Act (Affordable Care Act)

State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System

I. AUTHORIZATION AND INTENT

Announcement Type: Revision: Type 3

Funding Opportunity Number: CDC-RFA-DP09-90103-SUPP10

Catalog of Federal Domestic Assistance Number: 93.283 and 93.520

Key Dates:

Application Submission Date: Applications must be submitted at least 48 hours prior to the application deadline dated to ensure the validation process is successfully completed (free of errors) and made available to the agency for download from Grants.gov.

Application Deadline Date: September 8, 2010

Authority: This program is authorized under sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and Patient Protection and Affordable Care Act (Affordable Care Act)

Background:

The Centers for Disease Control and Prevention (CDC) is the primary Federal agency for protecting health and promoting quality of life through the prevention and control of

disease, injury, and disability. CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive and healthy life for all people.

Chronic diseases such as cancer, heart disease, and diabetes are among the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the U.S., which are 1.7 million deaths each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people.

The Behavioral Risk Factor Surveillance System (BRFSS) is the primary source of state-specific information about health risk behaviors and health status among the states' resident population. BRFSS is a state-based system of health surveys that target non-institutionalized adults, ages 18 years and older. Currently, all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands participate in the BRFSS. BRFSS is supported by numerous Centers, Institutes, and Offices (CIOs) at CDC, including The National Center for Chronic Disease Prevention and Health Promotion, The National Center for Injury Prevention and Control, the National Center for Environmental Health, and the National Center for Immunization and Respiratory Diseases. In addition, other Federal agencies, such as Health Resources and Services Administration, the Administration on Aging, the Veterans Administration, and the Substance Abuse and Mental Health Services Administration have contributed questions to the BRFSS.

The BRFSS data have been used to support public health programs and policies that seek to improve the health of U.S. adults. These data and information resulting from the analyses of data are widely disseminated using a variety of tools, including peer-reviewed publications, routine periodic reports, brochures, and web sites. Users of these data include policy makers, health care providers, public health professionals and organizations at the local, state, and national levels, academic professors and students, and the general public. The wide use of the BRFSS data and the increasing demand for the system to generate more data and information is an indication that the BRFSS remains a critical tool for public health.

Since inception, the BRFSS has been a telephone-based survey, using random-digit-dialing to reach a representative sample of the non-institutionalized adults ages 18 and older in each state and territory. However, in recent years, BRFSS and other telephone-based surveys have experienced increasing difficulty reaching respondents by landline telephone, in part due to increased use of cell phones and declining use of landline phones. To address this problem and maintain a representative sample in each state and territory, the BRFSS initiated mixed-mode data collection techniques. In 2009, states and territories began to conduct BRFSS surveys using landline telephones as well as by cell phones. Additionally, preparations are being made to implement data collection by mailed questionnaires.

BRFSS continues to be adaptable and can accommodate urgent issues relatively easily to identify and monitor emerging health problems. Most recently, in the fall of 2009,

BRFSS was used to collect data about the prevalence of Influenza Like Illness (ILI) and H1N1 influenza vaccination coverage at state and local levels to support Pandemic influenza response and preparedness activities.

Purpose:

The purpose of this supplement is to provide State Health Departments with resources to maintain previous projections in sample size, enhance and expand the utility of BRFSS, and support ongoing state-based public health surveillance infrastructure.

Resources are needed specifically to collect BRFSS data to assess the prevalence of Influenza Like Illness (ILI) at state and local levels to support Pandemic Influenza response and preparedness activities as well as to support optional modules of public health significance at the state level (Components IA, IB, and IC).

Financial support will be provided for activities related to data collection for the evaluation of interventions and assessment of the effectiveness of activities funded with Affordable Care Act through the Communities Putting Prevention to Work (ACA CPPW) (Component II). Those states eligible to apply for Component II will be notified individually. The amount of funding for individual states will be determined through a competitive evaluation.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

II. PROGRAM IMPLEMENTATION

This FOA focuses on two categories of activities described by components:

Component I: Data Collection for Surveillance Infrastructure and Public Health Modules

Component II: Data Collection for Evaluation of Communities Putting Prevention to Work

The 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, funded under CDC RFA-DP09-901 may apply for the individual elements of Component I.

NOTE: The spreadsheet attached as “Exhibit A” provides the funding available for each State to apply.

Only those states that have been notified of their eligibility may apply for Component II.

Recipient Activities:

Component I: Conduct BRFSS Surveys

IA. Conduct surveillance for Influenza Like Illness

- Implement the 12 questions from the Influenza Like Illness (ILI) Module for a seven month period approximately September 2010 through March 2011.
- Submit data from the 12 question ILI Module to the Division of Behavioral Surveillance according to the BRFSS protocol on a bi-weekly basis.

IB. Conduct Multimode Surveillance

- Maintain BRFSS completed landline survey sample size at the 2009 levels.
- Conduct the BRFSS survey by cell phone equivalent to no less than 10% of landline completes, and up to 20% coverage where feasible.

- Administer a sample of BRFSS surveys by mail where feasible.

IC. Implement Optional Modules

- Include various optional modules in the routine BRFSS data collection, as needed by the state, for example, Adverse Childhood Experiences, Chronic Obstructive Pulmonary Disease, Inadequate Sleep, Mental Health, or Asthma.
- Administer additional questions in the event of an emergency to respondents in impacted areas, for example, module(s) relevant to surveillance in areas affected by the Gulf Coast oil spill emergency.

Component II - Conduct community surveys in communities funded under CDC

FOA DP-09-912, Communities Putting Prevention to Work.

- BRFSS Coordinator will contact ACA funded CPPW grantee point of contact to discuss their community's risk factor/area of interest, the specifics and demographics of the population, and to get a copy of the community program evaluation plan.
- BRFSS Coordinator will contact the CDC Survey Operations Team Lead to provide details about the community and the specifics for the requested sample.
- Awardee will administer a subset of the 2010 core BRFSS questionnaire and additional questions related to CPPW grantee specific target intervention(s) for physical activity, nutrition, and/or tobacco use at two time periods, including October-December 2010 and October-December 2012. These two surveys will provide baseline and post intervention prevalence estimates.

- Awardee will collect data from approximately 1500 completed interviews for each of the ACA CPPW communities in their respective states, at the two specified time periods and following the BRFSS protocol. In some instances, the approximate number of completed interviews may be reduced, based on community population size and the demographic characteristics of the community population. This reduction must be discussed and determined in collaboration with the Survey Operations Team Lead.
- Awardee will monitor data collection on a regular basis.
- Awardee will process and clean the data prior to submission, following BRFSS protocol.
- Awardee will provide technical assistance and consultation to state and local staff to facilitate understanding, analyses, interpretation, dissemination, and use of the surveillance data.

The following activities conducted will be used to measure performance:

Component IA: Conduct surveillance for Influenza Like Illness

- Collection and reporting of data related to ILI.
- Regular monitoring of data collection to ensure adherence with data collection protocols.
- Processing and cleaning of BRFSS data following established protocols

Component IB: Conduct Multimode Surveillance

- .Completed landline surveys at the same sample size levels as provided in 2009.
- Completed cell phone surveys equivalent to a minimum of 10% of landline sample size and ranging up to 20% if feasible.
- Completed sample of BRFSS surveys administered by mail where feasible.
- Regular monitoring of data collection to ensure adherence with data collection protocols.
- Processing and cleaning of BRFSS data following established protocols.

Component IC: Implement Optional Modules

- Collection and reporting of data related to optional modules
- Regular monitoring of data collection to ensure adherence with data collection protocols.
- Processing and cleaning of BRFSS data following established protocols

Component II - Conduct community surveys

- Collection and reporting of ACA CPPW data at two different time periods
- Regular monitoring of data collection to ensure adherence with data collection protocols.
- Processing and cleaning of data following established protocols

- Provision of technical assistance and consultation to state and local staff to facilitate understanding, analyses, interpretation, dissemination, and use of the surveillance data

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities:

Component IA: Conduct surveillance for Influenza Like Illness

- Provide the ILI module questions to the grantees.
- Conduct cognitive and field testing on the ILI questions.
- Provide Ci3 WinCATI programming of the questionnaire that will be administered.
- Provide the data editing program that will be used by the state coordinator or their designee to clean the data prior to submitting data to CDC.
- Weight and process the data.

Component IB: Conduct Multimode Surveillance

- Provide Ci3 WinCATI programming of the questionnaire that will be administered.
- Provide the appropriately designed sample.

- Maintain web site that provides link to BRFSS data and documentation that contains state-specific information and comparable measures that are critical to chronic disease prevention and health promotion activities.
- Provide the data editing program that will be used by the state coordinator or their designee to clean the data prior to submitting data to CDC.
- Weight and process the data.

Component IC: Implement Optional Modules

- Provide the module questions to the grantees.
- Conduct cognitive and field testing on new module questions.
- Provide Ci3 WinCATI programming of the questionnaire that will be administered.
- Maintain web site that provides link to BRFSS data and documentation that contains state-specific information and comparable measures that are critical to chronic disease prevention and health promotion activities.
- Provide the data editing program that will be used by the state coordinator or their designee to clean the data prior to submitting data to CDC.
- Weight and process the data.

Component II: - Conduct community surveys in communities funded under CDC

FOA DP-09-912, ACA Communities Putting Prevention to Work

- Discuss with BRFSS Coordinator the specifics of the project and demographics of the target population.

- Assist states with identifying the sample population of the community.
- Provide a shortened version of the 2010 core BRFSS questionnaire and additional questions related to ACA CPPW grantee specific target interventions for physical activity, nutrition, and/or tobacco use to be used for data collection for the evaluation component of the ACA CPPW project at two time periods.
- Provide Ci3 WinCATI programming of the base questionnaire that will be administered at the two time periods.
- Provide guidance and consultation to states to identify performance indicators and to facilitate collection of data that can be used to monitor and evaluate community-level chronic disease prevention and health promotion programs.
- Maintain web site that provides link to BRFSS data and documentation that contains state-specific information and comparable measures that are critical to chronic disease prevention and health promotion activities.
- Provide the data editing program that will be used by the state coordinator or their designee to clean the data prior to submitting to contractor.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement Supplemental

Award Mechanism: U58 Chronic Disease Prevention and Control

Fiscal Year Funds: FY2010

Approximate Current Fiscal Year Funding: \$ 9,000,000

Approximate Total Project Period Funding: \$ 9,000,000 inclusive of indirect costs.

Approximate Number of Awards: 53

Anticipated Award Date: September 30, 2010

Budget Period Length:

Component I: September 30, 2010 through March 31, 2011

Component II: September 30, 2010 through March 31, 2013

Project Period Length:

Component I: 6 months

Component II: 30 months

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Component I: Financial assistance is available to the 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands, funded under CDC RFA-DP09-901.

Component II: Eligible applicants are limited to State health departments in which a CPPW funded grantee resides within the state health agency jurisdictional boundary. The states that can apply for this funding opportunity will be notified prior to the closing of this announcement.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits-None

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list:

<http://www.whitehouse.gov/omb/grants/spoc.html>

V. Application Content

Unless specifically indicated, this announcement requires submission of the following information:

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: Ten (10) - not including the budget and budget justification.

- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative must describe the intent to collect BRFSS data indicated in the Recipient Activities Section. The narrative should include the following:

Component IA

- A description of the method to implement the 12 questions from the Influenza Like Illness (ILI) Module for a seven month period, approximately September 2010 through March 2011.
- A description of the ability to submit data from the 12 question ILI Module to the Division of Behavioral Surveillance, according to the BRFSS protocol on a biweekly basis.
- A description of how data collection will be monitored on a regular basis.
- A description of understanding and plan for compliance with the BRFSS protocol for data collection and processing

Component IB

- A description of methods to maintain BRFSS completed landline survey sample size at the 2009 levels.
- A description of methods to conduct the BRFSS survey by cell phone equivalent to no less than 10% of landline completes and up to 20%.
- If applicable, a description of methods to administer a sample of BRFSS surveys by mail.
- A description of how data collection will be monitored on a regular basis.
- A description of understanding and plan for compliance with the BRFSS protocol for data collection and processing.

Component IC

- A description of optional modules that will be administered during data collection, as needed by the state.
- A description of questions that will be administered and activities that will be conducted in the event of an emergency by impacted areas.
- A description of how data collection will be monitored on a regular basis.
- Demonstrated understanding and compliance with the BRFSS protocol for data collection and processing.

Component II

The narrative must describe the intent to collect data for the ACA CPPW project as indicated in the Recipient Activities Section. The narrative should include the following:

- A description of the specific activities that will be undertaken to collect data, using a subset of the 2010 BRFSS core questionnaire and additional questions

related to physical activity, nutrition, and tobacco use at two time periods, including October-December 2010 and October-December 2012. Approximately 1500 completed interviews are expected for both surveys. In some instances, the approximate number of completed interviews may be reduced, based on community population size and the demographic characteristics of the community population. If a reduction in the approximate sample size is warranted, applicant must document the reasons this reduction is applicable. This reduction must be discussed and determined in collaboration with the Survey Operations Team Lead.

- A description of how data collection will be monitored on a regular basis.
- Documented understanding and compliance with the BRFSS protocol for data collection and processing. This will include a description of the process to clean data prior to submitting to contractor and a description of how data will be provided to contractor.
- An indication of the number of communities from which data will be collected and the demographic (race/ethnic oversample) and/or geographic description (by county, zip code, census tract) of the community.
- An indication of how BRFSS Coordinator will communicate and collaborate with CPPW- funded grantee.
- A description of ways that technical assistance and consultation will be provided to ACA CPPW-funded grantee.

A Budget and Justification (Does not count against narrative page limit.)

A) Request for supplemental funding for proposed activities

- Provide a detailed budget and line-item justification using the 424A form for all operating expenses that are consistent with the proposed program objectives and activities for each activity by Component.
- Provide additional information on factors that impact costs, such as completion rates for the area, language barriers requiring bilingual interviewers, type of data collection of the respective state (in-house versus contractor), and hiring issues at state to justify additional expenses associated with data collection. If requesting indirect costs in the budget, a copy of the current indirect cost rate agreement is required. Matching funds are not required.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information; subsection entitled “Administrative and National Policy Requirements.”

APPLICATION SUBMISSION

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration

process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Other Submission Requirements

Letter of Intent:

A letter of intent is not applicable to this funding opportunity announcement.

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-705-5711.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's Authorized Organizational representative (AOR) to Grants.gov on or before the deadline date and time.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail

notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: September 8, 2010

VI. Application Review Information

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

Component IA:

- The extent to which a description is provided of the process to implement the 12 questions from the Influenza Like Illness (ILI) Module during the seven month data collection period. 40%
- The extent to which a description is provided for the submission of data from the 12 question ILI Module to the Division of Behavioral Surveillance, according to the BRFSS protocol on a bi-weekly basis. 40%
- The extent to which a description is provided indicating how data collection will be monitored on a regular basis. 10%
- The extent to which applicant provides a thorough understanding and compliance with the BRFSS protocol for data collection and processing. This will include a description of the process to clean data prior to submitting to CDC and a description of how data will be provided to contractor. 10%

Component IB

- The extent to which description is provided indicating that the BRFSS completed landline survey sample size will be maintained at the 2009 levels. 40%
- The extent to which description has been provided indicating that the BRFSS survey will be conducted by cell phone with a sample size equivalent to a minimum of 10% of landline completes. 40%
- If applicable, the extent to which documentation has been provided indicating that a sample of BRFSS surveys has been administered by mail. 10%
- The extent to which a description is provided indicating how data collection will

be monitored on a regular basis. 5%

- The extent to which applicant provides a thorough understanding and compliance with the BRFSS protocol for data collection and processing. This will include a description of the process to clean data prior to submitting to. 5%

Component IC

- The extent to which a description has been provided of optional modules that will be administered during data collection, as needed by the state. 85%
- The extent to which a description has been provided of questions that will be administered and activities that will be conducted in the event of an emergency by impacted areas. 5%
- The extent to which a description is provided indicating how data collection will be monitored on a regular basis. 5%
- The extent to which applicant provides a thorough understanding and compliance with the BRFSS protocol for data collection and processing. This will include a description of the process to clean data prior to submitting to CDC. 5%

Component II:

- a. The extent to which applicant describes the specific activities that will be undertaken to collect data for 1500 completed interviews, using a subset of the 2010 BRFSS core questionnaire and additional questions related to physical activity, nutrition, and tobacco use. (35%)
- b. The extent to which the applicant describes how they will monitor data collection and quality on a regular basis. (15%)

- c. The extent to which applicant documents a thorough understanding and compliance with the BRFSS protocol for data collection, cleaning and processing. (20%)
- d. The extent to which applicant describes how data will be provided to contractor. (5%)
- e. The extent to which applicant indicates the number of communities from which data will be collected and describes the demographic (race/ethnic oversample) and/or geographic description (by county, zip code, census tract) of the community. (20%)
- f. The extent to which applicant describes how BRFSS Coordinators will communicate and collaborate with ACA CPPW grantee. (5%)

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored). Although the budget is not scored, applicants should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

- If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be no more than 12 months old. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified if the application did not meet eligibility and/or published submission requirements.

Applications in response to Component I will undergo a technical review by the BRFSS Project Officers assigned to the respective state. This review is consistent and in accordance with the initial review of CDC-RFA-DP09-901.

Applications in response to Component II will undergo review by an objective review panel to evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria.” The criteria will be used to determine funding levels. This objective review is consistent and in accordance with the initial review of CDC-RFA-DP09-901 ARRA09.

VII. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-6 Patient Care
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-16 Security Clearance Requirement
- AR-18 Cost Recovery-ATSDR
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-29 Federal Leadership on Reducing Text Messaging While Driving

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

TERMS AND CONDITIONS

Reporting Requirements

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

1. Annual progress report, due 90 days after the end of the budget period.
2. Financial Status Report (SF 269) no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

VIII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact the assigned BRFSS Project Officer:

Julie Brown, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

4770 Buford Highway NE, MS K-66

Telephone: (770) 488-2546

E-mail: zdf0@cdc.gov

Gloria Colclough, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS K-66
Telephone: (770) 488-2457
E-mail: gjc2@cdc.gov

Sonya Geathers, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS K-66
Telephone: (770) 488-5152
E-mail: shg0@cdc.gov

Ken Laliberte, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS K-66
Telephone: (770) 488-2450
E-mail: kjl2@cdc.gov

For financial, grants management, or budget assistance, contact:

Anella Higgins, Grants Management Specialist
Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E09

Atlanta, GA 30341

Telephone: 770-488-2710

E-mail: aho2@cdc.gov

For general questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

BRFSS State Estimates to Administer ILI, multimode activities, and optional modules,
August 13, 2010.

	State Estimates
State	
AK	75,240
AL	176,452
AR	144,266
AZ	69,242
CA	572,720
CO	189,114
CT	306,960
DC	62,626
DE	64,464
FL	447,432
GA	110,480
GU	19,680
HI	195,390
IA	98,220
ID	88,480
IL	261,328
IN	244,040
KS	1,143,030
KY	337,160
LA	373,378
MA	456,200
MD	149,089
ME	149,104
MI	442,727
MN	210,080
MO	96,469
MS	355,282
MT	248,352
NC	350,060
ND	100,587
NE	443,880
NH	348,595
NJ	225,216
NM	269,070
NV	170,400
NY	156,720
OH	180,320
OK	138,080
OR	153,820

PA	173,858
PR	104,288
RI	96,400
SC	175,168
SD	98,750
TN	90,560
TX	232,105
UT	208,460
VA	117,060
VI	30,240
VT	161,248
WA	383,406
WI	315,641
WV	85,888
WY	145,940
Total	12,042,765

BRFSS State Estimates to Administer ILI, multimode activities, and optional modules,
August 13, 2010.